



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS  
AND  
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY



**Application for re-accréditation of specialist colposcopist**

**I Applicant**

Name (surname first) \_\_\_\_\_

Correspondence address \_\_\_\_\_

\_\_\_\_\_

Address of Colposcopy Practice

1 \_\_\_\_\_

2 \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**II No. of colposcopic examinations \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_**  
(at least 50 in continuous 36-month period)

**Data are submitted using (Please mark in the box)**

- Audit forms  
 Downloads from CMS

**III No. of CME points related to colposcopy \_\_\_\_\_**  
(at least 6 in 36 months)

**IV No. of refresher course / clinico-  
pathological conference \_\_\_\_\_**  
(at least 1 in 36 months)

**V A HK\$ 500 application fee Cheque number \_\_\_\_\_**